

MANORCARE HEALTH SERVICES-WEST  
1760 SHAWANO AVE

GREEN BAY 54303 Phone:(920) 499-5191  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 105  
Total Licensed Bed Capacity (12/31/04): 105  
Number of Residents on 12/31/04: 102

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 99

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		50.0	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		36.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	4.9	More Than 4 Years		13.7	
Day Services	No	Mental Illness (Org./Psy)	46.1	65 - 74	10.8			-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	39.2			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	5.9		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	8.8	65 & Over	95.1	-----			
Transportation	No	Cerebrovascular	5.9		-----	RNs		8.0	
Referral Service	No	Diabetes	2.9	Gender	%	LPNs		8.3	
Other Services	Yes	Respiratory	2.9	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	23.5	Male	30.4	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	69.6				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	6	10.5	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.9	
Skilled Care	25	100.0	340	51	89.5	113	0	0.0	0	19	100.0	177	0	0.0	0	1	100.0	341	96	94.1	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	25	100.0		57	100.0		0	0.0		19	100.0		0	0.0		1	100.0		102	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.0	Bathing	4.9	72.5	22.5	102
Private Home/With Home Health	0.0	Dressing	9.8	69.6	20.6	102
Other Nursing Homes	1.9	Transferring	27.5	59.8	12.7	102
Acute Care Hospitals	94.7	Toilet Use	11.8	52.0	36.3	102
Psych. Hosp.-MR/DD Facilities	0.0	Eating	57.8	24.5	17.6	102
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.4					
Total Number of Admissions	264	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	6.9	Receiving Respiratory Care	11.8	
Private Home/No Home Health	23.9	Occ/Freq. Incontinent of Bladder	50.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	22.4	Occ/Freq. Incontinent of Bowel	37.3	Receiving Suctioning	0.0	
Other Nursing Homes	3.9			Receiving Ostomy Care	2.9	
Acute Care Hospitals	23.9	Mobility		Receiving Tube Feeding	1.0	
Psych. Hosp.-MR/DD Facilities	0.4	Physically Restrained	2.0	Receiving Mechanically Altered Diets	40.2	
Rehabilitation Hospitals	0.0					
Other Locations	7.8	Skin Care		Other Resident Characteristics		
Deaths	17.6	With Pressure Sores	4.9	Have Advance Directives	78.4	
Total Number of Discharges		With Rashes	3.9	Medications		
(Including Deaths)	255			Receiving Psychoactive Drugs	50.0	
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.3	88.5	1.07	90.2	1.05	90.5	1.04	88.8	1.06
Current Residents from In-County	60.8	80.0	0.76	82.9	0.73	82.4	0.74	77.4	0.79
Admissions from In-County, Still Residing	18.6	17.8	1.04	19.7	0.94	20.0	0.93	19.4	0.96
Admissions/Average Daily Census	266.7	184.7	1.44	169.5	1.57	156.2	1.71	146.5	1.82
Discharges/Average Daily Census	257.6	188.6	1.37	170.5	1.51	158.4	1.63	148.0	1.74
Discharges To Private Residence/Average Daily Census	119.2	86.2	1.38	77.4	1.54	72.4	1.65	66.9	1.78
Residents Receiving Skilled Care	100	95.3	1.05	95.4	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	95.1	92.4	1.03	91.4	1.04	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	55.9	62.9	0.89	62.5	0.89	62.7	0.89	66.1	0.85
Private Pay Funded Residents	18.6	20.3	0.92	21.7	0.86	23.3	0.80	20.6	0.91
Developmentally Disabled Residents	1.0	0.9	1.10	0.9	1.04	1.1	0.87	6.0	0.16
Mentally Ill Residents	46.1	31.7	1.46	36.8	1.25	37.3	1.24	33.6	1.37
General Medical Service Residents	23.5	21.2	1.11	19.6	1.20	20.4	1.15	21.1	1.12
Impaired ADL (Mean)	50.2	48.6	1.03	48.8	1.03	48.8	1.03	49.4	1.02
Psychological Problems	50.0	56.4	0.89	57.5	0.87	59.4	0.84	57.7	0.87
Nursing Care Required (Mean)	8.1	6.7	1.21	6.7	1.21	6.9	1.17	7.4	1.09